

05/04/2005 16:41 FAX 13124635001

BANNER &amp; WITCOFF

002/003

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2290H 759D 03/24/2005

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Dian Preston (Depositor's name)  
Dian Preston (Signature)  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/640,526	08/17/2000	Paul Clement Nielson	CLV-20676P	6172

TITLE OF INVENTION: EXTENDED WEAR OPHTHALMIC LENS

003707.00019

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CARL, EDWARD J	1714	523-106000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CIBA Vision Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Duluth, Georgia

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Shawn P. Gorman

Date

5/4/05

Typed or printed name

Shawn P. Gorman

Registration No.

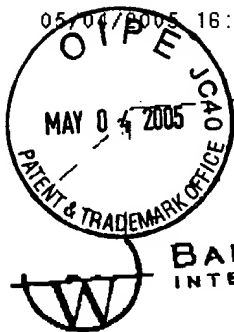
516,197

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<b>TO:</b>	<b>MS: ISSUE FEE</b>	<b>FROM:</b>	SHAWN P. GORMAN
<b>COMPANY:</b>	U.S. Patent Office	<b>DATE:</b>	May 4, 2005
<b>FAX NUMBER:</b>	703-748-4000	<b>TOTAL NO. OF PAGES:</b>	3 including cover page
<b>RE:</b>	ISSUE FEE FOR 09/640,625	<b>OUR REFERENCE NO.</b>	003707.00001

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